

SI - Suicidal Ideation and Gestures

SI-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are positive or detrimental interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

SI-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the origins and process of suicidal ideation, gestures, and behaviors.

STANDARDS:

1. Discuss that suicidal thoughts rarely arise outside the context of other diagnoses, such as depression or substance abuse. In fact, suicidal ideation is a common symptom of depression.
2. Explain that suicidal thoughts come and go, and may be exacerbated by internal or external stressors, by substance abuse, or by another mental health condition.
3. Explain that thoughts of suicide is always a concern, even if not acted upon, and needs to be addressed with a mental health professional.
4. Explain that suicidal gestures, such as cutting, burning, or carving one's own skin, although not always intentionally suicidal in nature, has the same potentially dangerous outcome.

SI-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of suicidal ideation and gestures.

STANDARDS:

1. Discuss the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments and that follow-up appointments be kept.

3. Emphasize that full participation of the treatment plan is the responsibility of the patient/family.
4. Discuss signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

SI-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient/family will understand the lifestyle changes necessary to promote and sustain healthy living.

STANDARDS:

1. Explain that health and wellness refers to whole person (mind, body, and spirit) and is a positive state which results from healthy choices.
2. Explain healthy lifestyle choices (e.g., spirituality, social connections, exercise, nutrition) and avoidance of high-risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners). Discuss the benefits of a healthy lifestyle.
3. Discuss wellness as an individual responsibility to:
 - a. Learn how to be healthy.
 - b. Be willing to change.
 - c. Set small, realistic, sustainable goals.
 - d. Practice new knowledge.
 - e. Get help when necessary.
4. Review the community resources available for help in achieving behavior changes.
5. Explain other ways the patient can use to feel better:
 - a. Talk to someone you trust.
 - b. Try to figure out the cause of your worries.
 - c. Understanding your feelings will help you see other ways for dealing with your anger or depression.
 - d. Write down a list of good things you have done. Remember them and even read the list out loud to yourself when you feel bad.
 - e. Do not keep to yourself; be with other people that support and encourage you as much as possible.

SI-IR INFORMATION AND REFERRAL

OUTCOME: The patient/family will receive information and referral for alternative or additional services as needed.

STANDARDS:

1. Provide patient/family with alternative or additional sources for care and services, including referral to a mental health professional.
2. Provide the patient/family with assistance in securing alternative or additional resources as needed.

SI-L LITERATURE

OUTCOME: The patient/family will receive literature about suicidal ideation and gestures.

STANDARDS:

1. Provide patient/family with literature on suicidal ideation and gestures.
2. Discuss the content of the literature.

SI-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of prescribed drug therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list and pill bottles to appointments for medication reconciliation.

SI-PSY PSYCHOTHERAPY

OUTCOME: The patient/family will understand the goals and process of psychotherapy in coping with suicidal ideation and gestures.

STANDARDS:

1. Review the reason for the initial referral for therapy as part of the care plan.
2. Explain that therapy may include individual, group, psycho-educational /therapeutic, talking circles, or other modalities.
3. Emphasize that full participation and follow-up are critical to treatment success.
4. Emphasize the importance of openness and honesty with the therapist.
5. Discuss issues of safety, confidentiality, and responsibility.
6. Explain to the patient that the therapist and the patient will establish goals and duration of therapy together.

SI-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to suicidal ideation and gestures.

STANDARDS:

1. Discuss the safety plan/ contract with the patient, including no-harm contract and local resources and phone numbers, in case the condition worsens or the urge to hurt oneself increases.
2. Explain that local police may also be available to assist in transportation and safety compliance.

SI-SM STRESS MANAGEMENT

OUTCOME: The patient will understand the role of stress management in suicidal ideation and gestures.

STANDARDS:

1. Explain that effective stress management may help reduce the severity of the symptoms of depression and of suicidal behavior.
2. Explain seeking professional help to improve the health and well-being of the patient is often necessary.
3. Discuss that stress may exacerbate adverse health behaviors such as increased tobacco, alcohol, or other substance use as well as overeating, all of which can increase the severity of the depression or the risk of suicidal/homicidal behaviors.
4. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. Becoming aware of your own reactions to stress
 - b. Recognizing and accepting your limits
 - c. Recruiting family members or friends as a support system

- d. Talking with people you trust about your worries or problems
 - e. Setting realistic goals
 - f. Getting enough sleep
 - g. Maintaining a healthy diet
 - h. Exercising regularly
 - i. Taking vacations
 - j. Practicing meditation, self-hypnosis, and positive imagery
 - k. Practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - l. Participating in spiritual or cultural activities
5. Provide referrals as appropriate.

SI-TX TREATMENT

OUTCOME: The patient/family will have an understanding of the treatment options for suicidal thoughts and behaviors, as well as any underlying conditions.

STANDARDS:

- 1. Reassure the patient. Reinforce the fact that the patient is not alone and can be helped.
- 2. Discuss options for treatment, including the treatment of potential underlying condition, such as depression.
- 3. Discuss that there may be an initial crisis stabilization period followed by a longer period of psychotherapy and lifestyle adjustments.